

CITY OF WICKLIFFE, OHIO

LICENSE APPLICATION FOR ENTERTAINMENT DEVICES AND ENTERTAINMENT DEVICE ARCADES PURSUANT TO ORDINANCE NO. 2023-23

Instructions:

This application MUST be completed and accompanied by the required non-refundable fees and application for a zoning certificate. The application shall be signed by the owner or owners and shall contain information as to each such person, including general and limited partners, or partnerships, shareholders of corporations, and principals of any other type of business entity. In the event that no person owns twenty-five percent (25%) or more of the entertainment device arcade, such application shall be signed by an authorized representative.

All documents and attachments submitted with this application are subject to public review under Ohio's Open Records laws. Applications will not be considered complete until all required information and documents are received and reviewed by the City of Wickliffe Mayor/Safety Director. It is recommended that you submit your application and appropriate documents as soon as possible so that we may assist you in a timely manner. Please make sure to answer all questions and if a question does not apply, do not leave the line blank but instead fill in with "N/A." Please include all names and addresses used in the past five (5) years.

Please select the license application type:

1. New License Annual (Renewal) License

OWNER INFORMATION

2. Full Legal Name of Applicant: _____

3. Date of Birth (DD/MM/YYYY): _____

4. Social Security Number: _____ - _____ - _____

5. Permanent Home Address: _____

Street

Unit/Suite

6. Phone Number: _____ Type (Home/Cell/Office): _____

7. Employment history for the past five (5) years (as to each owner):

Please list in order beginning with your most recent (or present) employer listed first. Attach additional documentation if necessary.

Company: _____ Phone: _____

Address: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____

8. Have you been convicted of any crime other than traffic offenses? Yes No
If yes, please provide the date and place of conviction, the nature of the offense, and the penalty imposed: _____

9. Have you ever conducted a game room, entertainment or sweepstakes arcade? Yes No
If yes, please provide the name, location, and duration of such activity: _____

BUSINESS INFORMATION

10. Name of Business: _____

11. Business Address: _____ Street _____ Unit/Suite _____

City	State	Zip
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City	State	Zip
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13. Business Phone Number: _____ Business Fax Number: _____

14. Federal Tax Identification Number: _____

15. Date Business Began Operations in Wickliffe, Ohio (Renewal Only): Click or tap to enter a date.

16. Date Business Obtained City of Wickliffe Entertainment Device License (Renewal Only): Click or tap to enter a date.

17. Date Business Obtained City of Wickliffe Entertainment Device Arcade License (Renewal Only): Click or tap to enter a date.

18. Provide a description of the nature and operation of the main type of business activity to be conducted upon the premises:

19. Please specify the days of the week and hours of the day during which the licensed activity will be conducted:

20. Provide a description of the nature and operation of any business activity to be conducted in conjunction with the entertainment device arcade, and the anticipated percentage of gross revenue to be derived from each respective business activity: _____

21. Identify the individual who manages the day-to-day operations of the business (include name, job title, job duties):

22. (Renewal Only) Have there been any changes in ownership of the business since last license issuance? If yes, please explain: _____

BUSINESS ENTITY INFORMATION

23. Is the Business a **Sole Proprietorship**? Yes No

If YES, complete the information below. If NO, please move to question 23.

Full Legal Name of Owner:

Phone Number: Email:

If married, Spouse's Full Legal Name:

If owner does not manage the day-to-day operations of the Business, identify the person who does including name, job title, job duties, phone number, and email:

List all Entertain Devices and/or Entertainment Device Arcades located in Ohio where you, your spouse, or a family member have an interest, including but not limited to, ownership, partnership, or investment. Include business name, business address, and type of interest:

24. Is the Business a **Limited-Liability Company or Partnership?** Yes No

If YES, complete the information below as to all officers, principals, directors, agents, etc. and attach additional pages as needed. If NO, please move to question 24.

Full Legal Name:

Job Title: _____

City	State	Zip
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Phone Number: _____ Email: _____

List all Entertain Devices and/or Entertainment Device Arcades located in Ohio where you, your spouse, or a family member have an interest, including but not limited to, ownership, partnership, or investment. Include business name, business address, and type of interest:

Full Legal Name: _____

Job Title: _____

Residential Address: _____
Street _____ Unit/Suite _____

City	State	Zip
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Phone Number: _____ Email: _____

List all Entertain Devices and/or Entertainment Device Arcades located in Ohio where you, your spouse, or a family member have an interest, including but not limited to, ownership, partnership, or investment. Include business name, business address, and type of interest:

Full Legal Name: _____

Job Title: _____

Residential Address: _____
Street _____ Unit/Suite _____

City	State	Zip
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Phone Number: _____ Email: _____

List all Entertain Devices and/or Entertainment Device Arcades located in Ohio where you, your spouse, or a family member have an interest, including but not limited to, ownership, partnership, or investment. Include business name, business address, and type of interest:

Attachment Required with Application: Please attach a Certificate of Good Standing with the Ohio Secretary of State. Attach additional sheets as needed for all officers, principals, directors, agents, etc.

25. Is the Business a **Corporation**? Yes No

If YES, complete the information below. If NO, please move to question 25.

Legal Name of Business: _____

Business Address: _____
Street _____ Unit/Suite _____

City _____ State _____ Zip _____

Date of Incorporation: Click or tap to enter a date. List all states incorporated in: _____

Registered Agent Name, Address, and Phone Number: _____

List all officers, principals, or stockholders:

Full Legal Name & Job Title _____ Residential Address _____ Principal Occupation _____

List all Entertain Devices and/or Entertainment Device Arcades located in Ohio where each officer, principal, or stockholder, or a family member have an interest, including but not limited to, ownership, partnership, or investment. Include business name, business address, and type of interest: _____

Attachment Required with Application: Please attach a Certificate of Good Standing with the Ohio Secretary of State. Attach additional sheets as needed for all officers, principals, directors, agents, etc.

DEVICE INFORMATION

26. Provide the name, description, model, serial number, ownership, and location of any other device on the premises that is necessary to the operation of the entertainment devices (such as modems, servers, etc.). Attach additional pages if necessary.

Name of Device	Purpose of Device	Device Model and Serial Numbers	Device Owned or Leased	Where device is located in the Business, device identification number

27. Total number of Entertainment Devices (terminals) at Business location: _____

28. Provide the description, game theme, model, serial number, ownership, and location of each entertainment device. Attach additional pages as needed.

Name of Device	Description of Device and Game Theme(s) on Device	Device Model and Serial Numbers (for all device components)	Device Owned or Leased	Where device is located in the Business, device identification number

Attachment Required with Application if application is for a New License or Install/Change of Device(s): If device(s) owned by Business, provide a copy of a detailed invoice showing device(s) purchased, amount paid, and method of payment. If device(s) leased by Business, provide a copy of a signed lease agreement with terms and conditions along with a copy of government identification.

29. ADDITIONAL ATTACHMENTS REQUIRED WITH APPLICATION:

A copy of government issued photo identifications of all owners, principals, stockholders, managers, supervisors, and employees. Fax copies of identification cannot be accepted.

All identification attached: Yes No If "No," explain: _____

A copy of building and utility drawings of the premises meeting all building requirements of the City of Wickliffe including floor plans of the premises showing devices, equipment, computers, internet distribution routing, and the immediate vicinity drawn to scale (24 x 36) showing the square footage and placement of the entertainment devices, exits, windows, storage spaces, bicycle storage racks, and off-street parking.

Complete drawings attached: Yes No If "No," explain: _____

A copy of the posting listing each prize and each separate dollar amount that may be given.

Copy of posting attached: Yes No If "No," explain: _____

A copy of the posting listing the odds of winning any offered prize or dollar amount awarded for the participation in any game, activity, program, scheme or play, use or participation in any way in an entertainment device or participating in any other activity or promotion in the entertainment device arcade, whether the determination of the giving of the thing of value or the delivery of the thing of value occurs totally within the confines of the business premises or requires some event, occurrence, or happening at another location.

Copy of posting attached: Yes No If "No," explain: _____

A copy of the complete statement of the rules and conditions pertaining to the giving of any prizes or value.

Copy of rules attached: Yes No If "No," explain: _____

A copy of the Certificate of Insurance for general and premises liability in an amount not less than one million dollars (\$1,000,000.00).

Copy of Certificate of Insurance attached: Yes No If "No," explain: _____

A copy of the criminal history record check through the Ohio Attorney General's office for all employees and operators of an entertainment device arcade for the past five (5) years. No employee or operator of an entertainment device arcade shall have any felony or any misdemeanor offense for violation of building, health, or tax codes, or involving physical violence, unlawful gambling activity, controlled substances, alcoholic beverages, minors, or any crimes involving moral turpitude.

Copy of criminal record check attached: Yes No If "No," explain: _____

30. FEES

New License

Annual fee of entertainment device arcade(s) \$5,000.00 x ____ Business locations

Annual fee of entertainment device(s) \$540.00 (\$45.00/mo.) x ____ No. of devices

Total: _____

Annual (Renewal) License

Annual fee of entertainment device arcade(s) \$5,000.00 x ____ Business locations

Annual fee of entertainment device(s) \$540.00 (\$45.00/mo.) x ____ No. of devices

Total: _____

Grand Total: _____

Notes to Applicant: The fee for each entertainment device license may increase after forty-eight (48) months of operation at the discretion of the Mayor/Safety Director with a fee cap of an additional twelve percent (12%) over or during the next forty-eight (48) months. This fee is payable on or before the 10th day of the month for the previous month.

The fee for a replacement license is twenty-five dollars (\$25.00).

In the event an application is denied, one-half of the license fee shall be returned to the applicant. In the event any license is suspended or revoked, no portion of the license fee shall be returned to the owner.

NOTE TO APPLICANT

I, the undersigned, understand that this is solely an application to operate a business, and is not permission to operate until the City of Wickliffe has inspected the premises and notifies the Mayor/Safety Director of its approval.

I, the undersigned, understand that the proprietor of a public place or place of employment shall comply with Chapter 3794 of the Ohio Revised Code regarding no smoking.

I, the undersigned, understand that a license shall not be issued to any person, partnership, corporation, or other entity if any of the persons with an interest in the business or if any of the employees of the business have been convicted of any felony or any misdemeanor offense for violation of building, health, or tax codes, involving the operation of a similarly licensed business activity, or involving physical violence, unlawful gambling activity, controlled substances, alcoholic beverages, minors, or any crime involving moral turpitude within five (5) years preceding the application. *These record checks shall be performed annually and submitted with initial and annual licensing documentation and subject to inspection and confirmation by the Mayor/Safety Director or his/her designee. If a license is issued and the Mayor/Safety Director is made aware of a violation after the fact, the entertainment device arcade must cease operations immediately until the matter is resolved.*

I, the undersigned, understand that all real property tax collections shall be current, not delinquent, or otherwise subject to payment plan in accordance with law, and subject to verification in conjunction with building and/or occupancy permits.

I, the undersigned, understand that the license(s) must be renewed each year and fees payable on or before June 1 of each calendar year and entertainment devices are subject to monthly fees of forty-five dollars (\$45.00) per device per month payable on or before the 10th day of the month for the previous month. *Failure to pay fees by the applicable deadlines may result in the immediate cessation of entertainment device arcade operations until the fee is paid.*

I, the undersigned, understand that it is the duty of the entertainment device arcade to keep the City of Wickliffe and the Mayor/Safety Director or his/her designee aware of any changes to the application submitted.

I, the undersigned, understand that neither this application for a license nor the issuance of the license authorized the opening or operation of any business in the City of Wickliffe unless the

business operated and maintained compliance with all laws of the State of Ohio and ordinances of the City of Wickliffe, and all rules and regulations promulgated thereunder.

DECLARATION

I declare under penalty of perjury that this application and any attachments thereto have been examined by me; that to the best of my knowledge and belief, the statements made herein are true and correct; that the applicant business is to the best of my knowledge and belief neither prohibited by any ordinance of the City of Wickliffe or in violation of any ordinance of the State of Ohio for which the business is located.

Date: _____

Applicant Printed Full Legal Name & Job Title: _____

Applicant Signature: _____

Partners' Signatures are Required with Application:

Date: _____

Printed Full Legal Name: _____

Signature: _____

Date: _____

Printed Full Legal Name: _____

Signature: _____

Date: _____

Printed Full Legal Name: _____

Signature: _____

Date: _____

Printed Full Legal Name: _____

Signature: _____